Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017474	A. BUILDING: _____ B. WING _____	R-C 08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUITES AT BELOIT (THE)	2122 PIONEER DRIVE BELOIT, WI 53511

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 08/23/2023, Surveyor conducted a verification visit and complaint investigation at The Suites At Beloit. One deficiency was identified. One of 1 deficiency is a repeat violation. See statement of deficiency (SOD) 7BFM11, dated 01/05/2023. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 44	{N 000}		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on interview and observation, the provider did not ensure that all rooms were clean and free from odor. This is a repeat violation, see statement of deficiency (SOD) 7BFM11, dated 01/05/2023. Findings Include: On 08/23/2023 at 8:45 AM, Surveyor toured the facility and observed the following: North wing: Resident 18's and Resident 19's bathroom had a strong odor of urine.	N 489		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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N 489	Continued From page 1 Resident 20's bathroom had a strong odor of urine. Resident 1's and Resident 21's bathroom had dried bowel movement (BM) on the toilet riser. South wing: Resident 16's bathroom had a strong odor of urine. Resident 16's room was identified as room 102 with similar concerns noted in SOD 7BFM11, dated 01/05/2023. Resident 22's bathroom had a strong odor of urine. On 08/23/2023 at 1:30 PM, Surveyor interviewed Administrator A and Nurse Manager Assistant K. Administrator A stated that since the last survey, we have increased our cleaning rounds. Administrator A confirmed the above resident rooms did have odors of urine, so s/he will work with housekeeping to get the above resident rooms extra cleans to ensure rooms are clean and free from odors.	N 489		